

**NORTH CAROLINA NURSING FACILITIES  
TRACKING FORM**

**EDS**

**P.O. Box 300015, Raleigh, NC 27622-0015**

**Phone: 1-800-688-6696 / Fax: 1-866-216-3424**

*(Please Print)*

**Resident/Applicant Demographic Information**

**Last name**

**First name**

**Middle Initial**

**Social Security Number**

**Date of Birth**

**PASARR Number (if applicable)**

**Immediate Response!! Complete This Section for Call Back of Existing Patient PASARR #:**

Requestors Name: \_\_\_\_\_ Requestor (to receive #): \_\_\_\_\_

Call Back Phone #: \_\_\_\_\_ *(You still must complete Tracking Section below)*

**Section I: NEW ADMISSIONS (Transfer/Tracking)**

**Complete for NF admissions to receive screen result (Level I, Level II) via mail; Fax to EDS**

Admitting Facility: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

**Section II: Purpose of Tracking Form Submission**

☐ Request for copy of Level II Screening Information

(Mailed PASARR number)

☐ Notifying EDS of a change in the patient's location or status

**Section III: TRANSFERRED, DISCHARGED, or DECEASED INDIVIDUALS**

**Complete for individuals who have received previous Level II screens.**

**A. TRANSFER (Tracking)**

**(Patient location changes within same or higher Level of Care retains PASARR #):**

☐ Hospital/General

☐ Medical Unit

☐ Psychiatric Unit

☐ State Hospital/Acute

☐ Nursing Facility

Admitting Facility: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

**NOTE: A) "Transfer" updates the patient's location to a facility in NF Level of Care or higher. B) "Discharge" updates patient's location move to Lower LOC and results in cancellation of the PSAARR #.**

**B. DISCHARGE (Tracking to Lower LOC, may result in expiration of PASARR #):**

Discharge date: // .

**Discharged to:**

☐ Group Home

☐ Other Setting

☐ Rest Home

☐ Adult Care Home/Domiciliary Care

☐ Home: \_\_\_\_\_

**C. DECEASED\*:** Date: \_\_\_\_\_ Facility notifying EDS: \_\_\_\_\_

Staff submitting this info: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Note: Deceased Status Results in PASARR # expiration.*